

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	UT	69607	8/3/00
O.I.P.E. CLASSIFIER		8	8-10-00
FORMALITY REVIEW	HS	5C866	01/11/01
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1			9/20/01
2			11/20/02
3			7/20/02
4			11/11/01
5			7/20/01
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If more than 150 claims or 10 actions  
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